



**STATE OF CALIFORNIA
DEPARTMENT OF BOATING AND WATERWAYS**

VESSEL TURN-IN PROGRAM CLAIM FOR REIMBURSEMENT					
AGENCY NAME: (Check will be payable to the Party listed here)				CONTRACT NUMBER:	
MAILING ADDRESS:		CITY:	STATE:	ZIP CODE:	
SURRENDERED RECREATIONAL VESSEL INFORMATION					
CF # or HIN	NAME	VESSEL LENGTH	STATEMENT OF SERVICE (Tow, Removal, Storage, etc.)	DATE OF SERVICE	COST
			Release of Interest Obtained <input type="checkbox"/>		
			Release of Interest Obtained <input type="checkbox"/>		
			Release of Interest Obtained <input type="checkbox"/>		
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			Release of Interest Obtained <input type="checkbox"/>		
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			Release of Interest Obtained <input type="checkbox"/>		
TOTAL EXPENDITURES				\$	
MINUS 10% MATCHING CONTRIBUTION (If applicable)				\$	
TOTAL REIMBURSEMENT REQUESTED				\$	
<i>By signing below, you agree that the above information is accurate and complete.</i>					
Approval Signature:		Name of Approver: (Print)		Telephone Number:	
X		Title: (Print)		Date:	